D (Rev. 12/11) IFP and Written Consent Case 2:13-cv-00517-MJP Document 1 Filed 03/2				
UNITED STATES DISTRICT COU	KI			
Western District of Washington	MAR 21 2013			
Cara Number: 2	13 WESTERN ASTROS OF WASHINGTON A PLACOMA			
LE JACQUELYN A	WESTERN DISTRICTOF WASHINGTON AFTACOMA DEPUT			
Plaintiff	N AND APPLICATION			
Ne.	N FORMA PAUPERIS			
FIREMANS FUND INSURANCE AND WRITTEN CONSENT FOR				
RANDY M HESS PAYMENT OF	PAYMENT OF COSTS			
BARBARA B CHRISTENSEN Defendant(s)				
DECLARATION AND APPLICATION TO PROCEED IN	FORMA PAUPERIS			
I (print your name) JACQUELYN A LE declare I am the	olaintiff in this case: I believe I am			
entitled to relief; and I am unable to pay the costs of this proceeding or gi				
my action is <i>briefly</i> stated as follows:				
n support of this application, I answer all of the following qu				
1. Are you presently employed?	117-TEP			
Yes Total amount of net monthly salary (take home pa,, -				
Name and address of employer				
XNo Date of last employment Total amount of last net m	onthly salary \$			
2. If married, is your spouse presently employed? Not married				
Yes Total amount of spouse's net monthly salary (take home pay) \$				
Name and address of employer				
No Date of spouse's last employment Total amount of la	ast net monthly salary \$			
3. For the past twelve months, list the amount of money you and/or your the following sources.	spouse have received from any of			
a. Business, profession or other self-employment	\$			
o. Income from rent, interest or dividends	\$			
. Pensions, annuities or life insurance payments	\$			
d. Disability, unemployment, workers compensation or public assistance	\$ 1114.00 PER MONTH			
e. Gifts or inheritances	\$			
. Money received from child support or alimony	\$			
g. Describe any other source of income MEDICAL	\$ 2200-00 PER MONTH			

Cash on hand \$ 260_00 Checking Account \$	4. List the amount for each of the	00517-MJP Document following for you and/or	1 Filed 03/ your spouse:	21/13 Page 2 of 2
plans, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? If Yes, describe the property and state its approximate value: Yes No 6. Are any persons dependent upon you or your spouse for support? If Yes, state their relationship to you or your spouse, and indicate how much is contributed toward their support each month. (Do not include names of minor children.) Yes No 7. Describe the types of monthly expenses you incur, such as housing, transportation, utilities, loan payments, or other regular monthly expenses and the amount spent each month. RENT 950, VT)L)TTES 70. INSURANCE 11, PHONE 65. 8. Provide any other information that will help explain why you cannot pay court fees and costs. I AM ON A FIXED INCOME AND DISABLED AND I HAVE NO MONEY TO COVER COVET GOSTS AND FEES I declare under penalty of perjury that the foregoing is true and correct. Signature of Plaintiff WRITTEN CONSENT FOR PAYMENT OF COSTS UNDER LOCAL RULE CR3(b) I, (print your name) A COVER Y A LE hereby consent that any recovery in damages that I may receive in the above-captioned cause may be reduced, if so directed by the court, in such an amount as is necessary for payment of the unpaid fees and costs which are taxed against me in the course of this litigation.	Cash on hand \$ 260 - 00	Checking Account \$_	0_	Savings Account \$
6. Are any persons dependent upon you or your spouse for support? If Yes, state their relationship to you or your spouse, and indicate how much is contributed toward their support each month. (Do not include names of minor children.) Yes No 7. Describe the types of monthly expenses you incur, such as housing, transportation, utilities, loan payments, or other regular monthly expenses and the amount spent each month. RENT 950, VTILITIES 7D, INSURANLE II, PHONE 65. 8. Provide any other information that will help explain why you cannot pay court fees and costs. I AM ON A FIXED INCOME AND DISABLED AND I HAVE NO MONEY TO COVER COVET GOSTS AND FEES I declare under penalty of perjury that the foregoing is true and correct. Executed on: (Date) WRITTEN CONSENT FOR PAYMENT OF COSTS UNDER LOCAL RULE CR3(b) I, (print your name) JACQUELYN A LE hereby consent that any recovery in damages that I may receive in the above-captioned cause may be reduced, if so directed by the court, in such an amount as is necessary for payment of the unpaid fees and costs which are taxed against me in the course of this litigation.	plans, automobiles, or other valua	able property (excluding o	ordinary hous	
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or your spouse, and indicate how much is contributed toward their support each month. (Do not include names of minor children.) Yes No	⊠ No			
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Payments, or other regular monthly expenses and the amount spent each month. RENT 950, UTILITIES 70, INSURANCE II, PHONE 65. 8. Provide any other information that will help explain why you cannot pay court fees and costs. I AM ON A FIXED INCOME AND DISABLED AND I HAVE NO MONEY TO COVER COVET GOSTS AND FEES I declare under penalty of perjury that the foregoing is true and correct. Executed on: (Date) Signature of Plaintiff WRITTEN CONSENT FOR PAYMENT OF COSTS UNDER LOCAL RULE CR3(b) I, (print your name) JACQUELTN A LE hereby consent that any recovery in damages that I may receive in the above-captioned cause may be reduced, if so directed by the court, in such an amount as is necessary for payment of the unpaid fees and costs which are taxed against me in the course of this litigation.	⊠ No			
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WRITTEN CONSENT FOR PAYMENT OF COSTS UNDER LOCAL RULE CR3(b) I, (print your name) <u>JACQUELYN</u> <u>A</u> <u>LE</u> hereby consent that any recovery in damages that I may receive in the above-captioned cause may be reduced, if so directed by the court, in such an amount as is necessary for payment of the unpaid fees and costs which are taxed against me in the course of this litigation.) e
I, (print your name) <u>JACQUELYN</u> <u>A</u> <u>LE</u> hereby consent that any recovery in damages that I may receive in the above-captioned cause may be reduced, if so directed by the court, in such an amount as is necessary for payment of the unpaid fees and costs which are taxed against me in the course of this litigation.	Executed on: (Date) Signatu	re of Plaintiff		
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reduced, if so directed by the court, in such an amount as is necessary for payment of the unpaid fees and costs which are taxed against me in the course of this litigation.		•	- ive in the el	have continued cause may be
3-21-13 Mo. Jacquelyn A. Le Executed on: (Date) Signature of Plaintiff	reduced, if so directed by the coul	rt, in such an amount as is	necessary fo	
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